Fill in this information	on to identify your case:	
Debtor 1	Franklin Medina	
Debtor 2 (Spouse, if filing)		
United States Bank	ruptcy Court for the: DISTRICT OF NEW JERSEY	
_	18-11629	Check if this is:
(If known)		■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date:
Official For	<u>m 106l</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	F	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	SEO Manager	Self-Employed
	Include part-time, seasonal, or self-employed work.	Employer's name	Everyday Health Media, LLC.	ItWorks
	Occupation may include student or homemaker, if it applies.	Employer's address	345 Hudson Street, 16th Floor New York, NY 10014	908 Riverside Drive Palmetto, FL 34221
		How long employed to	here? <u>1 Year</u>	_

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 8,500.00 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 3. Calculate gross Income. Add line 2 + line 3. 8,500.00 0.00

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	Franklin Medina	_	Case	number (<i>if known</i>)	18-1	1629	
				For	Debtor 1		Debtor 2 or n-filing spouse	
	Сор	y line 4 here	4.	\$	8,500.00	\$	0.00	
5.	List	all payroll deductions:						
0.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	988.20	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$_	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	318.88	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$_	0.00	\$_	0.00	
	5h.	Other deductions. Specify: Parking	_ 5h.+	• \$_	260.00	+ \$_	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	1,567.08	\$_	0.00	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	6,932.92	\$_	0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	11,080.04	\$	510.53	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$-	0.00	
	8e.	Social Security	8e.	\$_	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	8f.	\$	0.00	\$		
	8g.	Specify: Pension or retirement income	– 8g.	\$ _	0.00	\$_	0.00	
	8h.	Other monthly income. Specify:	8h.+		0.00	· -	0.00	
	· · · ·				0.00		<u> </u>	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	11,080.04	\$_	510.53	
10	Calc	culate monthly income. Add line 7 + line 9.	10. \$	1	8,012.96 + \$		510.53 = \$ 18,5	523.49
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	ΙΟ. Ψ		<u>σ,σ12.30</u> . ψ		<u> </u>	723.43
11.	Stat Inclu	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a second control or amounts.	depen			·	Schedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					12. \$18,5	523.49
12	Do:	YOU owners an increase or decrease within the year often you file this form	2				Combined monthly in	come
13.	■	/ou expect an increase or decrease within the year after you file this form No.	:					
	_	Yes. Explain:						

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:					
Deb		Franklin Med				Chec	ck if this is:	
			u				An amended filing	
	tor 2 buse, if filing)						A supplement show 13 expenses as of	ving postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: DISTR	CT OF NEW JERSEY		-	MM / DD / YYYY	
Case	e number 18	3-11629			_			
	nown)	5-11029						
Of	fficial Fo	rm 106J						
		J: Your I	Exner	1888				12/1
Be info	as complete a ormation. If m nber (if know	and accurate as ore space is ne n). Answer ever	possible eded, atta ry question	. If two married people and the contract in the contract is another sheet to this				or supplying correct
Pari	t 1: Descr Is this a join	ibe Your House	hold					
	■ No. Go to	line 2.	in a conor	ata hayaahald2				
	⊔ Yes. Doe		ın a separ	ate household?				
			st file Offic	ial Form 106J-2, Expenses	s for Separate House	hold of Deb	tor 2.	
2.		e dependents?	□ No	•	·			
	Do not list De Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Son		9	■ Yes
					Com		40	□ No
					Son			■ Yes □ No
					Son		12	■ Yes
							- 	□ No
								☐ Yes
3.	expenses of	enses include f people other t d your depende	han _	No Yes				
Par	t 2: Estim	ate Your Ongoi	ng Month	ly Expenses				
exp	imate your ex	penses as of yo	our bankr	uptcy filing date unless y y is filed. If this is a supp				
Incl	ude expense	s paid for with r	non-cash	government assistance i	f vou know			
the	value of such	n assistance an		cluded it on Schedule I:			Your exp	ansas
(On	ficial Form 10	ы.)					Tour exp	E113 E 3
4.		or home owners and any rent for the		nses for your residence. I or lot.	nclude first mortgage	4. \$		3,954.55
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$;	0.00
		rty, homeowner's	s, or rente	's insurance		4b. \$		0.00
				upkeep expenses		4c. \$		0.00
_		owner's associat			and a manufacture of	4d. \$		0.00
5.	Additional n	nortgage payme	ents for y	our residence , such as ho	rne equity loans	5. \$		0.00

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Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. S 0.00 15b. Health insurance 15c. S 500.00 15c. Vehicle insurance 15c. S 500.00 15d. Other insurance. Specify: 15d. S 0.00 15d. Other insurance. Specify: 15d. S 0.00 15d. Other insurance. Specify: 16c. S 0.00 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17c. S 0.00 17d. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. S 320.00 17c. Other. Specify: 17c. S 0.00 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106). 18c. S 0.00 Your payments you make to support others who do not live with you. 19c. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. S 7,324.61 20b. Real estate taxes 20b. S 0.00 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's association or condominium dues 20c. Property, homeowner's association or condominium dues 20c. S 0.000 20d. Maintenance, repair, and upkeep expenses 20d. \$ 15.082.16 21c. Add lines 4 through 21. 22c. Add line 22a and 22b. The result is your monthly expenses. 23c. Copy line 12 (your combined monthly income) from Schedule 1. 23d. Copy line 12 (your combined monthly income) from Schedule 1. 23d. Copy ure monthly expenses from line 22c above. 23d. S 15,082.16 23c. Subtract your monthly expenses from your monthly income. 23d. Subtract your monthly expenses from line 22c above. 23d. Subtract your monthly expenses from your monthly income. 23d. Subtra	ebtor 1	Franklin Medina	Case num	ber (if known)	18-11629
6a. Electricity, heat, natural gas 6a. \$ 400.00 6b. Water, sewer, garbage collection 6b. \$ 90.00 6c. Telephone, cell phone, internet, satellite, and cable services 6c. \$ 300.00 6c. Telephone, cell phone, internet, satellite, and cable services 6c. \$ 300.00 6c. Telephone, cell phone, internet, satellite, and cable services 6c. \$ 300.00 6c. Telephone, cell phone, internet, satellite, and cable services 6c. \$ 300.00 6c. Telephone, cell phone, internet, satellite, and cable services 6c. \$ 300.00 6c. Telephone, cell phone, internet, satellite, and cable services 6c. \$ 500.00 6c. Telephone, cell phone, internet, satellite, and cable services 6c. \$ 500.00 6c. Telephone, cell phone, internet, several services 6c. \$ 500.00 6c. Telephone, cell phone, internet, several services 6c. \$ 400.00 6c. Telephone, cell phone, internet, several services 6c. \$ 400.00 6c. Telephone, cell phone, internet, several services 6c. \$ 400.00 6c. Telephone, cell phone, internet, several services 6c. \$ 400.00 6c. Telephone, cell phone, internet, several services 6c. \$ 400.00 6c. Telephone, internet, several services 6c. \$ 400.00 6c. Telephone, internet, several services 6c. \$ 400.00 6c. Telephone, internet, several services 6c. \$ 600.00 6c. Telephone, internet, several services 6c. \$ 600.00 6c. Telephone, several several services 6c. \$ 600.00 6c. Telephone, several several services 6c. \$ 600.00 6c. Telephone, several severa	. Utili	ies.			
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6d S 0.00				·	
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	■ N	0.			
Yes. Explain here:					

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Fill in this information to identify your case:					
Debtor 1	Franklin Medina	Middle Name	Last Name		
Debtor 2	Filst Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERS	SEY		
_	18-11629				
(if known)					■ CI
					ar

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who	o is NOT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Jnder penalty of perjury, I declare that I ha hat they are true and correct. X /s/ Franklin Medina Franklin Medina	ave read the summary and schedules filed with this declaration and X Signature of Debtor 2